## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

mary :

| REQUEST FOR PATENT FEE REFUND   |                       |               |          |
|---|-----------------------|---------------|----------|
| 1 Date of Request: 7 20 05 2 Serial/Patent # 40/526 980                     |                       |               |          |
| 3 Please refund the following fee(s):                                       | 4 PAPE<br>NUMB        | R 5 DATE      | 6 AMOUNT |
| Filing  |                       |               | \$       |
| Amendment   |                       |               | \$       |
| Extension of Time   |                       |               | \$       |
| Notice of Appeal/Appeal   |                       |               | \$       |
| Petition  |                       |               | \$       |
| Issue   |                       |               | \$       |
| Cert of Correction/Terminal Disc.   |                       |               | \$       |
| Maintenance   |                       |               | \$       |
| Assignment  |                       |               | \$       |
| Other   |                       |               | \$       |
|   | 7 TOTAL AMOUNT SIOO.  |               |          |
|   | 8 TO E                | BE REFUNDED B | Y:       |
| 10 REASON:  | Treasury Check        |               |          |
| Overpayment   | Credit Deposit A/C #: |               |          |
| Duplicate Payment   | 9 50 0 4 8 1          |               |          |
| No Fee Due (Explanation):   |                       |               |          |
| Jee Code Carrection   |                       |               |          |
|   |                       |               |          |
|   |                       | -             |          |
| 11 REFUND REQUESTED BY:   |                       |               |          |
| TYPED/PRINTED NAME:   | TITLE:                |               |          |
| SIGNATURE:  | PHONE:                |               |          |
| Repln. Ref: 08/01/2005 BCAMPREL 0008401300 PAH:500481 Name/Number: 10526580 |                       |               |          |
| *************************************                                       |                       |               |          |
| APPROVED:   | DATE:                 |               |          |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

PORM PTO 1577 (01/90)